Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **CHANGE OF** CORRESPONDENCE ADDRESS Application

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| Application Number     | 09852562      |
|------------------------|---------------|
| Filing Date            | 05/10/2001    |
| First Named Inventor   | BLAKER        |
| Art Unit               | 2137          |
| Examiner Name          | CALLAHAN PAUL |
| Attorney Docket Number | 5601-002      |

| Please chan                                                                                                                                                                                               | ge the Correspondence Ac                                                                                 | ddress for the above-id | entified patent applic | ation to:                       |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------|------------------------|---------------------------------|--|--|
|                                                                                                                                                                                                           | dress associated with                                                                                    |                         |                        |                                 |  |  |
| Custon                                                                                                                                                                                                    | ner Number:                                                                                              | 24112                   |                        |                                 |  |  |
| OR                                                                                                                                                                                                        | '                                                                                                        |                         |                        |                                 |  |  |
| Firm or                                                                                                                                                                                                   | ual Name                                                                                                 |                         |                        |                                 |  |  |
| Address                                                                                                                                                                                                   | an Hamo                                                                                                  |                         | ·                      |                                 |  |  |
| Addicoo                                                                                                                                                                                                   |                                                                                                          |                         |                        |                                 |  |  |
| City                                                                                                                                                                                                      |                                                                                                          | State                   |                        | Zip                             |  |  |
| Country                                                                                                                                                                                                   |                                                                                                          |                         |                        |                                 |  |  |
| Telephone                                                                                                                                                                                                 |                                                                                                          |                         | Email                  |                                 |  |  |
| This fa                                                                                                                                                                                                   |                                                                                                          |                         |                        |                                 |  |  |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). |                                                                                                          |                         |                        |                                 |  |  |
| I am the:                                                                                                                                                                                                 |                                                                                                          | nor manipor abo moqu    | oction Gustonier Ival  | Tiber Data Change (F10/36/124). |  |  |
| ramme.                                                                                                                                                                                                    |                                                                                                          |                         |                        |                                 |  |  |
|                                                                                                                                                                                                           | Applicant/Inventor                                                                                       |                         |                        |                                 |  |  |
|                                                                                                                                                                                                           | Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |                        |                                 |  |  |
|                                                                                                                                                                                                           | -                                                                                                        |                         |                        |                                 |  |  |
| Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number                                 |                                                                                                          |                         |                        |                                 |  |  |
| Signature Signature                                                                                                                                                                                       |                                                                                                          |                         |                        |                                 |  |  |
| Typed or Printed Name DAVID F. BENNETT                                                                                                                                                                    |                                                                                                          |                         |                        |                                 |  |  |
| Date 3/1, 108 Telephone 9/9. 854. 1 VV 4                                                                                                                                                                  |                                                                                                          |                         |                        |                                 |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.     |                                                                                                          |                         |                        |                                 |  |  |
| *Total of                                                                                                                                                                                                 | forms are submitted.                                                                                     |                         |                        |                                 |  |  |

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.